2007, 28 more districts were covered with 84.28% coverage and during 2008 and 2009, children between 1-15 years in 21 and 23 districts respectively have been vaccinated bringing the total number of vaccinated districts to 83.

GOI is according high priority on prevention and control of Acute Encephalitis Syndrome (AES)/Japanese Encephalitis(JE). AES/JE situation is being closely monitored at a senior level by Special Director General of Health Services and Director, National Centre for Disease Control (formerly National Institute of Communicable Diseases).

Directorate of NVBDCP in consultation with national and international experts developed revised guidelines for AES/JE treatment and circulated to the state on 1st September, 2009 for use during current transmission season.

In addition to the above strategies which are common to all the JE endemic States, following additional inputs have been provided in the State of Uttar Pradesh as the State contributes 80% of AES/JE cases as well as deaths due to the prevalence of non-JE viruses (entero viruses, strains 89 & 76) which also contributes to the occurrence of large number of Encephalitis cases:

(a) Established at Gorakhpur

(i) a Japanese Encephalitis Sub-office of Regional Office for Health & Family Welfare (ROH&FW) and

(ii) a Vector Borne Disease Surveillance Unit (VBDSU)

(iii) a field unit of National Institute of Virology (NIV), Pune with a senior level officer from NIV, Pune as its in-charge.

(b) Released an amount of Rs. 5.88 crores to BRD Medical College, Gorakhpur for upgradation of JE epidemic ward.

Incidence of cardiac problem in the country

542. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that World Health Organisation (WHO) reports that 60 per cent of heart patients in the world would be in India; and

(b) if so, the major steps taken or being taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A study by Xavier et al in the Medical Journal 'The Lancet' has reported that by 2010, 60% of the world's heart disease is expected to occur in India.

The Government of India has earmarked a sum of Rs.1660.50 crore under the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS).

Pilot projects have been launched in 10 districts to facilitate, among other things, health promotion and early detection of the disease through opportunistic screening.

Proper treatment for swine flu patients

543. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the measures taken by the Central Government to give proper treatment to patients suffering from Swine Flu; and

(b) what assistance has been given to the States to tackle the Swine Flu situation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Government of India took a series of actions. A comprehensive plan including guidelines was provided to the State Government.

Community surveillance to detect clusters of influenza like illness is being done through Integrated Disease Surveillance Project. Laboratory network has been strengthened and States allocated to different laboratories. There are 42 laboratories (24 in Govt. Sector and 18 in Private Sector) testing the clinical samples. Central teams were deputed to the states of Punjab, Karnataka, Andhra Pradesh, Kerala to contain the disease.

Government of India procured 40 million capsules and 4 lakh bottles of Gseltamivir, the drug to treat H1N1 Flu. 18 million have been given to the States/UTs. State-wise list is at Statement-I (*See* below). The drug is also used for chemoprophylaxis to prevent further spread. Adequate stock of personal protective equipments, has been kept. States have also been provided with deterrent stock Statement-II (*See* below). Three Indian manufacturers of Vaccine are being supported to manufacture H1N1 vaccine. Four million doses are being imported to vaccinate the high risk group, to begin with health care workers in all states. Training of district level teams is supported by Ministry of Health and Family Welfare. IMA has been provided funds to train private practitioners through their state units.

All States have been requested to gear up the State machinery, open large number of screening centres and strengthen isolation facilities at district level.

A task force in the I&B Ministry is implementing the media plan. Travel advisory, do's and don'ts and other pertinent information on non pharmaceutical interventions to prevent the spread has been widely published in print media and shown in visual media on regular basis. This has been translated to 14 languages and given to the States. Information is also provided on the website: http://mohfw-hlnl.nic.in